

PALLIS CHIROPRACTIC CENTER, P.C.

Use of Name & Picture Authorization Form

I authorize the Pallis Chiropractic Center to use my name or picture for the following:

- Using my name in any type of testimonial.
- Using my name on an internal “Thank You Board.”
- Using my name in a “Thank You for Referral” letter.
- Using my picture for a “Wall of Practice Members.”

(Please place a line through any that you do not authorize and initial.)

This notice is effective as of the date below and expires seven years from the date I last received services in this office.

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Patient name printed

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Date

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Patient Signature

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Authorized provider representative

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Personal representative printed

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Personal representative signature

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Description of personal representative’s authority to act for the patient.